



General Assembly

January Session, 2005

Substitute Bill No. 5814

* _____ HB05814PH _____ 040405 _____ *

**AN ACT EXPANDING THE PRESCRIPTIVE AUTHORITY OF
PHYSICIAN ASSISTANTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 20-12d of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2005*):

4 (a) A physician assistant who has complied with the provisions of
5 sections 20-12b and 20-12c may perform medical functions delegated
6 by a supervising physician when: (1) The supervising physician is
7 satisfied as to the ability and competency of the physician assistant; (2)
8 such delegation is consistent with the health and welfare of the patient
9 and in keeping with sound medical practice; and (3) when such
10 functions are performed under the oversight, control and direction of
11 the supervising physician. The functions that may be performed under
12 such delegation are those that are within the scope of the supervising
13 physician's license, within the scope of such physician's competence as
14 evidenced by such physician's postgraduate education, training and
15 experience and within the normal scope of such physician's actual
16 practice. Delegated functions shall be implemented in accordance with
17 written protocols established by the supervising physician. All orders
18 written by physician assistants shall be followed by the signature of
19 the physician assistant and the printed name of the supervising

20 physician. A physician assistant may, as delegated by the supervising
 21 physician within the scope of such physician's license, [(A)] prescribe
 22 and administer drugs, including controlled substances in [schedule IV
 23 or V] schedules II to V, inclusive, in all settings, [(B) renew
 24 prescriptions for controlled substances in schedule II or III in
 25 outpatient settings, and (C) prescribe and administer controlled
 26 substances in schedule II or III to an inpatient in a short-term hospital,
 27 chronic disease hospital, emergency room satellite of a general
 28 hospital, or, after an admission evaluation by a physician, in a chronic
 29 and convalescent nursing home, as defined in the regulations of
 30 Connecticut state agencies and licensed pursuant to subsection (a) of
 31 section 19a-491, provided in all cases where the physician assistant
 32 prescribes a controlled substance in schedule II or III, the physician
 33 under whose supervision the physician assistant is prescribing shall
 34 cosign the order not later than twenty-four hours thereafter] provided,
 35 in all cases in which the physician assistant prescribes a controlled
 36 substance in schedule II or III, the physician under whose supervision
 37 the physician assistant is prescribing shall document such physician's
 38 approval of the order in the patient's medical record not later than one
 39 business day thereafter. The physician assistant may, as delegated by
 40 the supervising physician within the scope of such physician's license,
 41 request, sign for, receive and dispense drugs to patients, in the form of
 42 professional samples as defined in section 20-14c or when dispensing
 43 in an outpatient clinic as defined in the regulations of Connecticut state
 44 agencies and licensed pursuant to subsection (a) of section 19a-491 that
 45 operates on a not-for-profit basis, or when dispensing in a clinic
 46 operated by a state agency or municipality. Nothing in this subsection
 47 shall be construed to allow the physician assistant to request, sign for,
 48 receive or dispense any drug the physician assistant is not authorized
 49 under this subsection to prescribe.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2005</i>	20-12d(a)
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PH *Joint Favorable Subst.*